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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000020065

Name and Mailing Address

0009437 01 AT 0.292 **AUTO T4 0 0615 33613-103510



STARLITE SHOPPING CENTER, LLC
16310 AVILA BLVD.
TAMPA FL 33613-1035



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/07/2002	
Principal Place of Business 16310 AVILA BLVD. TAMPA FL 33613	3. New Principal Place of Business Address	6. FEI Number 56-2293325	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent HOBBS, ROBERT S ESQ. 3719 SWANN AVE. TAMPA FL 33609		9. Name and Address of New Registered Agent Name <u>Fred Streck</u> Street Address (P.O. Box Number is Not Acceptable) <u>16310 Avila Blvd.</u> City <u>Tampa</u> FL Zip Code <u>33613</u>	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>[Signature]</u> SIGNATURE REQUIRED Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	Carl Streck	502 S. Fremont Ave #327	Tampa, Fl. 33606
			100024897881 11/21/09--01007--007 **150.00
			REINSTATEMENT 03 des

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

SIGNATURE REQUIRED

Date 10/3/03

Daytime Phone # 813-810-6132

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)